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THE CLINICAL FILE AS AN INDEX OF RESEARCH
MATERIAL

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The potential research value of an extensive set of clinical files is largely nullified by the fact that much of the material which might be used is buried among other data, irregularly set down in varying terminologies, and otherwise difficult to find and identify. An investigator wishing to study all cases of enuresis problems, for example, or of backwardness in reading, or of children in foster homes, among some 10,000 case-histories gathered by various staff members over a period of 20 years or so, may well be appalled by the task before him, and dubious as to the completeness of what he is able to dig out.

Every clinical case seen has potential research value in relation to one or more problems, and the one suitable time for taking note of these is when the history is being compiled and indexed. In recording research implications, the examiner must not be guided alone by present interests, but must consider possible future interests of himself and others. This is by no means so complicated a matter as it appears at first glance; it is quite possible to systematize it and make it a routine part of the filing procedure, without adding appreciably to the amount of work involved.

The method which has been in use at the Clinic of Child Development for a number of years has proved its value and ease of management in many instances. It is based upon a list of more than 100 items, grouped into a few general categories, with a simple hand-drawn symbol attached to each item (Fig. 1). General symbols, when appropriate, are so devised that sub-classifications may be indicated by the addition of an identifying letter: "Social factors," for example, are indicated by a circle; letters within the circle specify such matters as a foster-home background, institutional environment, adoption, etc. In devising the symbol-chart, the attempt was made to include all items which might conceivably be of research interest at some future time.

Staff members, having familiarized themselves with the list of items, take the responsibility, in dictating or writing up histories, of indicating any of these factors on which the case under consideration may have a bearing. The clinical secretary, in preparing the file-card for the case, then draws the appropriate symbols on the card.

ITEM	GENERAL SYMBOL	EXAMPLES OF SPECIFIC SYMBOLS
Parent Guidance Problems	□	F feeding problem L speech problem S social adjustment
Social Factors	○	A adoption I institution D dependent child
Delinquency	▽	▽ truancy ▽ stealing ▽ sex
Physical Factors	△	E [post-] encephalitis B birth injury
Developmental Factors		¢ inconsistent development M accelerated [MOTOR] L retarded [LANGUAGE]
Birth Factors		▽ premature △ postmature T_2, T_3 multiple birth
Clinical Types		⊓ mongolian ⊔ cretin
Special Items		I handedness Σ speech defect X special research value

FIGURE 1

The system is equally applicable to any card-index system of filing, but the file actually in use at the Clinic is the Remington-Rand Chaindex-Kardex, in which small paper cards, made to be linked together, are filed on overlapping leaves in flat drawers. While this type of file is somewhat expensive to install, and apparently unnecessarily expensive to maintain because of the cost of the special cards required, it provides a very convenient method for quick and easy reference when many calls are made upon it.

A sample filled-out card is illustrated in Fig. 2. The clinical classification, in terms of the rough conventional clinical grouping, is indicated by the color of the individual card, according to the following system:

Superior: Dark blue	Moron: Pink
Average: White	Imbecile: Light blue
Dull normal: Salmon	Idiot: Gray
Borderline: Yellow	Unclassified: Brown

The card contains name and address, serial number of the case, date of birth, and the date of the first clinical contact.

When this method of indexing has been efficiently done, the finding of all cases relating to a given problem becomes a quick and simple process. If it is desired, for example, to get together for special study all cases of mongolism in the files, it is only necessary to go through the card-index, noting down the case number of each card upon which the appropriate symbol occurs.

For purely statistical purposes, some items are of much greater value than others. For clearly defined categories, which are unlikely to be overlooked in compiling the histories (e. g., cretinism, birth injury, reading disability), a mere count of the number of times their symbols occur will give an accurate determination of the number of such cases in the files. Other items, however, may

not be uniformly recorded because of less clear definition, or because of the subjective nature of their identification, which will lead different individuals to place different interpretations upon them. Moreover, a symbol should usually be recorded whenever a question is raised in connection with a case, whether or not the factor referred to is actually present. A case, for example, referred with a previous incorrect diagnosis of cretinism, or one in which the question of deafness has been raised but disproved, should be indicated by the regular symbol, since such cases may be of considerable value in connection with a research project on the problems of cretinism or deafness.

A system such as this one may be introduced, as was the case here, even after a large number of records has accumulated, at the expense of a few days of careful work spent in reading and indexing old histories. If a new symbol is added after the system has been in operation, the date of its first use should be recorded.

The index also serves clinically to give quick information about a particular case. The card in Fig. 2, for example, tells us

Doe, Jane   6841
74 Chestnut Ave.   (C.W.B.)   b. 2-6-34
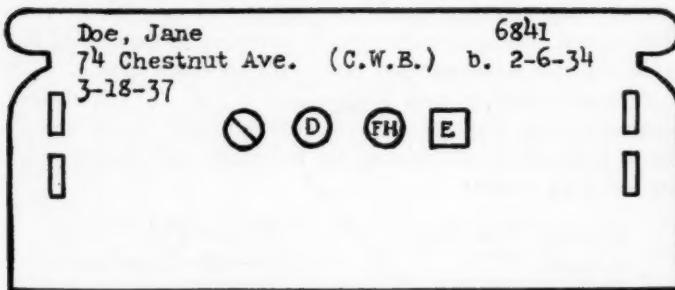3-18-37
⊘   Ⓓ   ⒡Ⓗ   E

FIGURE 2

that the child was first seen at the age of 3 years, that she is now (1940) 6 years old, that she is of approximately average intelligence (the card is white), that she was born out of wedlock, is a dependent child in a foster home, and has presented an enuresis problem. The case number, the child's address, and the supervising social agency, are all indicated.

There is no reason why a similar system cannot be used with an ordinary card file, and, if the total number of cases is relatively small, such a file may be nearly as satisfactory. Experience indicates, however, that with a large intake of cases, a card file is cumbersome and inconvenient. Individual cards must be lifted out to be read, and quickly become soiled and worn from handling. Accidental misplacements frequently occur, and are hard to discover and correct.